



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: MUNCIE CATARACT & LASER EYE CENTER, LLC

Street Address: 3300 W PURDUE AVE

City: MUNCIE

County: IN

Administrator Name: JULIA M JORDAN

Administrator Email: JULIA@MAKRISSEYEMD.COM

ASC Web Address:

Fiscal Year: 2021

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	607	832
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	542	
66821	171	
66982	86	
67040	19	
67108	9	
67041	7	
65235	6	
67036	4	
67042	3	
67113	2	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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